



STATEWIDE WASTEWATER OPERATOR TRAINING CENTER  
DEPARTMENT OF HEALTH, STATE OF HAWAII  
(808)832-5478 FAX (808)832-3496

**TRAINING SESSION REGISTRATION APPLICATION**

Print Name LAST FIRST M.I.

MAILING ADDRESS Street City Zip Code

WORK TELEPHONE # WORK FAX #

EMPLOYER

POSITION TITLE CERTIFICATION GRADE

COURSE # & TITLE ISLAND

DATE(S) OF COURSE

TUITION FEE \$ (IF APPLICABLE)

Please make check or money order payable to the **DEPARTMENT OF HEALTH**

**APPLICATIONS ARE DUE AT LEAST TWO (2) WEEKS PRIOR TO THE FIRST DAY OF CLASS.**

Mail completed application to: Statewide Wastewater Operator Training Center State of Hawaii, Dept. of Health 1350 Sand Island Parkway, Bldg. 3A Honolulu, HI 96819	<b>OFFICIAL USE ONLY:</b> Date of check: _____ Check #: _____ Amount Received: _____
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I certify that I meet the prerequisites of the course.

APPLICANT'S SIGNATURE Date

SUPERVISOR'S APPROVAL Date

NOTES: **STATE AND COUNTY WASTEWATER EMPLOYEES.** Please submit applications to your supervisor prior to submitting to the Statewide Wastewater Operator Training Center.

**ALL OTHER NON-MUNICIPAL AND NON-WASTEWATER EMPLOYEES:** Submit applications and tuition directly to the Statewide Wastewater Operator Training Center.